

JUL 16 2014

NPDES Permit Tracking No.:

MA050346



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

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## Annual Reporting Form

### A. GENERAL INFORMATION

1. Facility Name: USEK AUTO PARTS INC.

2. NPDES Permit Tracking No.: MA050346

3. Facility Physical Address:

a. Street: 129 BRYANT ST

b. City: Berkley

c. State: MA d. Zip Code: 02179

4. Lead Inspectors Name: James King

Title: President

Additional Inspectors Name(s): Margaret Mornaka

RELPO Engineering

5. Contact Person: James King

Title: President

Phone: 508-823-8136 Ext.  E-mail:

6. Inspection Date: 06/24/2014

### B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?

☒ YES ☐ NO

If NO, describe why not:

**NOTE:** Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

Lab results are below benchmarks.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

All outfalls are clean & free of debris  
Border of yard is all vegetative. No erosion

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☐ YES ☒ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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**NOTE:** Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

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**C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS**

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

Liquid Storage

1. Brief Description:

Liquid are stored indoors - well maintained

2. Are any control measures in need of maintenance or repair?

☐ YES ☒ NO

3. Have any control measures failed and require replacement?

☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area?

☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

Crusher Area

1. Brief Description:

mobile crusher is used approximately 1 time per yr., clean.

2. Are any control measures in need of maintenance or repair?

☐ YES ☒ NO

3. Have any control measures failed and require replacement?

☐ YES ☒ NO

4. Are any additional/revised c necessary in this area?

☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

Inventory Vehicle Storage

Brief Description:

Vehicles are stored in the building and placed outdoors in neat rows in yard

2. Are any control measures in need of maintenance or repair?

☐ YES ☒ NO

3. Have any control measures failed and require replacement?

☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area?

☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

Tires

## 1. Brief Description:

Small tire pile outdoors removed frequently.  
Tires for resale stored in the building.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

Dumpster

## 1. Brief Description:

Solid waste dumpster is kept in closed position  
removed monthly.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

## 1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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**E. ANNUAL REPORT CERTIFICATION****1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

**2. Annual Report Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative  
Printed Name:

James King

Title:

President

Signature:

James King

Date Signed:

6/24/2014